

Community Services

Date Received: _____

Reservation Number: _____

North Tempe Multi-Gen Center Room Reservation Form 2006

ORGANIZATION INFORMATION

Organization Name: _____ Responsible Party: _____

Address: _____ City: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____ Fax: _____

Description of meeting/event _____

Is the group non-profit? Yes ___ No ___ Will selling or promoting a commercial product take place at this facility? Yes ___ No ___

PARTICIPANT INFORMATION

Target Group(s): Children _____ Teens _____ Adults (18+) _____

Residents: Yes _____ No _____ (Are at least 50% of the members Tempe Residents?)

Number of guests to attend: _____ Number of tables and chairs needed: _____

Special requests/needs: _____

Will food/drink or arts & crafts be used? Yes ___ No ___ If yes please explain: _____

ROOM RESERVATION POLICIES

- A Tempe resident will be the "Responsible Party", complete this form and **MUST** be present during the entire event.
- All requests must be submitted a minimum of 2 weeks prior to the event. Please allow 1 week for this application to be processed.
- This application is not final approval of your event, including the date or location. You are not authorized to advertise an event in a City of Tempe facility until you have received a written confirmation.
- Your request should include time for set-up and take down.
- Permittee is responsible for their own set-up, clean-up and returning the furniture to its original position.
- Permittee must check in at the front desk, pick up an attendance form and return it before leaving.
- Organizations using this building must be non-profit and/or involve at least 50% Tempe Residents.
- Selling or promoting a commercial product or anything for personal gain is prohibited.
- **NO SMOKING OR ALCOHOLIC BEVERAGES PERMITTED.**
- Food and Arts & Crafts (painting) are **ONLY** permitted in specific rooms. You must include this in your request.
- Any changes or cancellations of reservations must be made **ONLY** by the responsible party. If a cancellation is necessary, call and notify at least 48 hours prior to the event. Three no-shows could result in termination of future use.
- If you or your organization have any questions concerning room reservation requests, please call the North Tempe Multi-Gen Center at (480)858-6500 or send a fax to (480)858-6545.

I have read the Room Reservation Policies and will ensure, as the Responsible Party of the meeting/activity, which all members in charge will also read and adhere to these policies.

Signature of Responsible Party

Date

BEGIN RESERVATION REQUESTS**TIME PERIOD****HOURS AVAILABLE**

August 18, 2006

September, October, November, December

Monday-Thursday 8am-8:30pm

Fridays 8am-7:30pm

Saturdays 10am-4:30pm

Sundays 1pm-5:30pm

ROOM PREFERENCE:**MANZANITA MESQUITE PALO VERDE SISSO CONFERENCE JOSHUA JUNIPER****DATES REQUESTED (PLEASE CIRCLE)**

JANUARY 2006						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Facility Closed: January 1stFacility Hours January 2nd & 16thth: 12-6pm

FEBRUARY 2006						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

Facility Hours February 20th: 12-6pm

MARCH 2006						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Spring Break: March 13th-17th

HOURS: _____

HOURS: _____

HOURS: _____

APRIL 2006						
S	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Facility Closed Sunday: April 16th

MAY 2006						
S	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Facility Hours May 29th: 12-6pm

JUNE 2006						
S	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

HOURS: _____

HOURS: _____

HOURS: _____

JULY 2006						
S	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Facility Hours July 4th: 12-6pm

AUGUST 2006						
S	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

SEPTEMBER 2006						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Facility Hours September 4th: 12-6pm

HOURS: _____

HOURS: _____

HOURS: _____

OCTOBER 2006						
S	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER 2006						
S	M	T	W	TH	F	SA
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Facility Hours November 10th: 12-6pmFacility Closed: November 23th & 24th

DECEMBER 2006						
S	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Facility Closed: December 25th

HOURS: _____

HOURS: _____

HOURS: _____